



Health Professions Quality Assurance Division
PO Box 1099
Olympia, WA 98507-1099

Professional Reference Form

Please type or print clearly

NOTE: Please be advised that upon receipt of written request, this form may be released to the applicant. However addresses and telephone numbers will not be released. This form may be duplicated.

_____ NAME OF APPLICANT			
has applied for licensure as a psychologist in the State of Washington and has given your name as a reference. Please return directly to: <i>Department of Health, Examining Board of Psychology, PO Box 47869, Olympia, Washington 98504-7869.</i>			
YOUR NAME			
ORGANIZATION		POSITION	
ADDRESS		CITY	STATE ZIP

I. Relationship to Candidate:

- ☐ Pre-doctoral Supervisor ☐ Post-doctoral Supervisor ☐ Professional Colleague
☐ Other (specify) _____

Approximate date of this relationship: From _____ To _____

Percent of applicant's time spent in psychological work: _____

Title of applicant's position and name of organization _____

II. Describe briefly the applicant's duties as you knew them in the position listed above: _____

III. Please comment on the applicant's professional judgment, responsibility, integrity, and relations with professional peers and with clients.

IV. If you were a supervisor of the applicant's post-doctoral work, please complete the following:

- A. Dates of post-doctoral supervision: From _____ To _____
B. Total number of hours of post-doctoral psychological work you supervised: _____
C. Total number of hours of face to face supervision you provided: _____
D. Was there one hour of supervision for every 20 hours? ☐ Yes ☐ No

Applicants are required to have one year of post-doctoral supervision consisting of a minimum of 1,500 supervised hours according to WAC 246-924-060 and 065.

V. Please check the areas in which you judge the candidate to be technically competent and able to meet reasonable standards in the profession of psychology. Please double check what you regard as the applicant's specialty area:

☐ Clinical/counseling ☐ Neuropsychology ☐ Industrial/organizational ☐ School/Educational

☐ Other (specify) _____

VI. Do you have any concerns in recommending this applicant for licensure in the state of Washington for independent practice? If yes, please comment specifically. Include any other information you consider relevant.

VII.

Is there any other information about this candidate which you believe should be provided to the Examining Board of Psychology? If so, please explain. _____

To the best of my knowledge I have answered the above questions truthfully.

Are you licensed as a: ☐ Psychologist ☐ Psychiatrist ☐ Social Worker

In what state(s) or jurisdiction(s) are you licensed? _____

License Number: _____

Date of Original License: _____

Your Signature _____ Date _____

Thank you for your cooperation.

Washington State Examining Board of Psychology (360) 236-4910